

## Illinois Environmental Protection Agency

Bureau of Water • 1021 N. Grand Avenue E. • P.O. Box 19276 • Springfield • Illinois • 62794-9276

## **Division of Water Pollution Control** ANNUAL FACILITY INSPECTION REPORT

for NPDES Permit for Storm Water Discharges from Separate Storm Sewer Systems (MS4)

This fillable form may be completed online, a copy saved locally, printed and signed before it is submitted to the Compliance Assurance Section at the above address. Complete each section of this report.

Report Period: From March, 2016 To March, 201		017	Permi	t No. ILR40 0265	
MS4 OPERATOR INFORMATION: (As it appear	rs on the	current permit)			
Name: McLean County		Mailing Addre	ss 1: 115 W. Washin	gton Street	
Mailing Address 2:			County	: McLean	
City: Bloomington	State:	IL Zip: 1701	Teleph	one: (309) 888-5110	
Contact Person: Luke D. Hohulin (Person responsible for Annual Report)		Email Address:	luke.hohulin@mclea	ncountyil.gov	
Name(s) of governmental entity(ies) in which MS	34 is loca	ited: (As it appe	ars on the current p	ermit)	
McLean County					
THE FOLLOWING ITEMS MUST BE ADDRESSED	) <u>.</u>				
<ul> <li>A. Changes to best management practices (check a regarding change(s) to BMP and measurable goa</li> </ul>		e BMP change(s	) and attach informati	on	
Public Education and Outreach	] 4.	Construction Site	Runoff Control		
2. Public Participation/Involvement	5.	Post-Construction	n Runoff Control		
3. Illicit Discharge Detection & Elimination	6.	Pollution Preven	tion/Good Housekeep	oing 🗌	
B. Attach the status of compliance with permit condi- management practices and progress towards ach MEP, and your identified measurable goals for ea	ieving th ich of the	e statutory goal o minimum contro	f reducing the discha measures.	rge of pollutants to the	
C. Attach results of information collected and analyz					
<ul> <li>Attach a summary of the storm water activities yo implementation schedule.)</li> </ul>	ou plan to	undertake during	the next reporting cy	/cle ( including an	
E. Attach notice that you are relying on another gove	ernment	entity to satisfy so	ome of your permit ob	ligations (if applicable).	
F. Attach a list of construction projects that your enti	ty has pa	aid for during the	eporting period.		
Any person who knowingly makes a false, fictitious, o commits a Class 4 felony. A second or subsequent of					
Sul D. Holl:			05/10/2017		
Sul D. Holl: Owner Signature:		-			
Luke D. Hohulin, P.E.		Assi	Assistant County Engineer		
Printed Name:			Title:		

EMAIL COMPLETED FORM TO: epa.ms4annualinsp@illinois.gov

or Mail to: ILLINOIS ENVIRONMENTAL PROTECTION AGENCY WATER POLLUTION CONTROL

**COMPLIANCE ASSURANCE SECTION #19** 1021 NORTH GRAND AVENUE EAST POST OFFICE BOX 19276

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